

The Big Kill

Is Britain's Euthanasia Bill Just another Deadly Step in the
Depopulation Plan?

Dr Vernon Coleman

Copyright Vernon Coleman 2025

The right of Vernon Coleman to be identified as the author of this work has been asserted in accordance with the Copyright, Designs and Patents Act 1988. All rights reserved. No part of the work may be reproduced, stored or distributed in any new form without permission. To reproduce material all enquiries should be addressed to the author.

NOTE

This independent analysis of 'The Terminally Ill Adults (End of Life) Bill' is exclusively available on www.vernoncoleman.com as a free PDF. Please ask everyone you know to download and read a copy. Please send a copy to your MP. The book is free and contains no advertisements. There are no outside sponsors and the author has no political affiliations.

Dedicated to Antoinette

Thank you, as ever, for being you, for everything you do and for being my muse, researcher and inspiration. Without your input this small book would not exist.

Dedicated with all my love, for ever

Preface: The Depopulation Plan

There is, let us never forget, a plan to reduce the world's population by nine tenths. Almost everything that is happening (and these days nothing happens by accident or coincidence) is driven by that conspiracy. The global warming myth, the massive immigration programmes, the end of medicine, the destruction of farming and economies around the world – all are part of the plan. Euthanasia or doctor assisted killing, is a global movement designed to murder the sick, the disabled, the weak, the poor, the mentally ill, the unemployed, the elderly and anyone who is seen by the Government as a cost to the State. We have entered our own killing fields and this is truly the slaughter of the innocent.

Do Not Resuscitate Notices

The killing began in earnest a decade or two ago when ‘Do Not Resuscitate’ (DNR) notices were slammed on the medical records of countless millions of patients.

When DNR notices were first introduced, the idea was to temper scientific advances with a little genuine kindness and concern for the welfare of patients. Medical science had reached a point whereby patients could be kept alive long after real hope had disappeared.

In the beginning, DNR notices were introduced with good intentions.

The idea was that patients who were dying and beyond help would not be resuscitated time and time again, simply delaying the inevitable and putting comatose patients and distraught relatives through endless pain. Around the world, millions of comatose and brain dead patients would still be alive today, kept breathing by machines and without hope of recovery, if the principle of DNR had not been quietly introduced.

But today ‘Do Not Resuscitate’ notices are routinely slapped on the notes of patients who are awaiting surgery for entirely curable problems or are simply old (by which the authorities mean they are over 50) or frail or ill or suffering from mental illness. Check it out. You’ll find horror stories everywhere. Even young adults and young children are labelled ‘Do Not Resuscitate’ if a doctor or nurse feels their lives are worthless. There are, I’m afraid, more Dr Shipmans around than you realise – all prepared to end lives they consider without value. And there are a good many Nurse Shipmans too.

Doctors no longer offer hope to patients. They tell them: ‘There isn’t anything more we can do’. Instead of offering hope, the most potent drug there is, they offer despair. They don’t point out the successes and the many things that can be done other than drugs and surgery. Too often it seems to me that doctors and nurses actually want their patients dead. DNR notices are a useful weapon with which to persuade people to abandon hope and to embrace death as an answer.

The medical establishment has deliberately and cold bloodedly taken the caring out of medicine.

Lockdowns and Kill Shots

During the covid lockdowns, launched in celebration of the remarketed, rebranded annual flu, thousands of old people were murdered. And that’s not hyperbole. Thousands of elderly people were isolated from their family and friends and then deliberately murdered with ‘kill shots’ of morphine and a benzodiazepine. The argument was that old people had to be kept out of hospitals so that the staff would be free to deal with younger patients who were suffering from covid. In fact, as is well known, doctors and nurses had so little to do that they spent their time rehearsing TikTok dance routines while the innocent elderly were being slaughtered. Specially built hospitals, designed to cope with the avalanche of covid patients, were left empty and unused. Politicians boasted about the money that was being saved by killing off pensioners. Check it out if you don’t believe me.

Attempts to tell the truth about the deliberate, cold-blooded fraud were suppressed by media organisations such as YouTube and the BBC (the staff of which will in due course be tried en masse for genocide). I wouldn’t trust medical advice by anyone now offering their views on these or any other mainstream channel.

The Killing Continues

The deliberate killing of the elderly continues apace. The NHS already treats the elderly as subhuman. In Accident and Emergency units, the elderly are often made to wait for days to be seen; waiting and suffering and waiting and suffering. The effective closure of the GP service (a service which provides a skeleton cover for 23 hours a week instead of 168 hours a week is pretty miserly) means that the elderly are left to die alone and uncared for.

In the autumn of 2024, the Labour Government took away the winter fuel allowance which helped keep many pensioners alive. As a result, between 50,000 and 100,000 pensioners died last winter – cold and hungry and abandoned while the Government paid out £1 billion a month in benefits to the vast armies of illegal immigrants who have been enticed into Britain by the prospect of free money. The interlopers mostly care nothing for Britain, and have been welcomed by the Labour Government at the expense of people who have worked all their lives and paid taxes and national insurance contributions into a country which has betrayed them.

There can be no doubt that the elderly are being starved and frozen to death. The majority of pensioners in Britain receive a total of £176.45 a week. The pension of £230.25 is paid only to a relative minority of younger pensioners. Men who are 74 or older and women who are 72 or older receive the smaller pension in a cold-blooded attempt to starve and freeze them to death. Politicians and journalists lie and pretend that pensioners are rich because they receive £230.25 a week. But if you want the truth, it is chilling: There are 12.95 million pensioners in the UK. And 8.57 million of them are expected to live on £176.45 a week. Britain's Labour Government pays the lowest pension in the Western world.

The Introduction of State Endorsed Euthanasia

MPs are voting to decide whether or not to allow the State to step up the killing by introducing a programme of euthanasia.

British politicians will vote on whether to introduce legislation which will result in the killing of the frail, the poor, the unemployed, the sick, the elderly and the depressed and merely miserable.

If Parliament passes the Leadbeater Bill, it will mark the end of any sort of pretence of civilisation in Britain. (Ms Leadbeater is the MP who introduced this Bill into the Commons).

The proponents of the Bill will claim, of course, that there will be rules and regulations and restrictions which will ensure that only the terminally ill will be accepted for death by doctor.

MPs and campaigners believe that Leadbeater's Euthanasia Bill is a 'good' thing. Some of them are doubtless honourable. They talk, naively, of compassion and kindness and they have done everything they can to grab the moral high ground, though the idea that any government would do anything designed to make people's lives better is, sadly, laughable. But I'm afraid I fear that their intentions are built more on ignorance rather than kindness. Some supporting the Bill have actually said that individuals should be allowed to die if they feel that they have become a burden.

The euthanasia bill is called the 'Terminally Ill Adults (End of Life) Bill' but that title is

laughably misleading and quite inaccurate. If the Bill becomes law it will not be long before the service being promoted will be available to the anxious, the depressed, the disabled, the unemployed and the poor. It will be available to the young and to the old. And it will be available to those who are far from the end of their lives.

More than half the UK population is officially regarded as a 'burden' on the State – in other words they receive more money in benefits than they pay in tax. They are the primary target of the Government's plan to start the mass slaughter of citizens.

No one pushing this Bill forward seems to know or care that nine out of ten people who attempt suicide but fail, subsequently live long, successful lives – and regret having tried to kill themselves.

I wonder how many of those supporting the Leadbeater Bill have taken the time to read the paper entitled 'High rates of psychiatric comorbidity among requesters of medical assistance in dying: Results of a Canadian prevalence study'. The paper appeared in 2021. The researchers concluded: 'Patients with psychiatric comorbidity comprise a substantial proportion of patients requesting Medical Assistance in Dying'.

I've studied what has happened in other countries where euthanasia has been introduced and I'm terrified at the prospect of living in a country where the Leadbeater Bill becomes law. You should be terrified too.

The initial idea is always that euthanasia will be available only to patients who are at the very end of a long process of dying. The idea is that those patients will be liberated from their pain and suffering and will be allowed to die in quiet dignity.

But that's not what happens. It is definitely not what happens.

Look at every other country which has introduced euthanasia. Look at Canada where people are being murdered because they are jobless and poor and without hope. People are being killed for social reasons. Euthanasia will be available for patients with mental illness in 2027.

There is now no doubt that assisted dying is being abused in Canada. Members of the group who helped to legalise it have admitted that doctors are coercing patients into ending their lives.

Medical Assistance in Dying (MAiD) was introduced for the terminally ill in Canada in 2016 after a campaign group took a case to the country's Supreme Court.

Assisted dying has since been rapidly expanded, with disabled people given access in 2021 and those with mental health conditions set to join them by 2027.

Members of the British Columbia Civil liberties Association (BCCLA), the group that spearheaded efforts to legalise assisted dying, have raised fears the practice is being "abused".

Staff members fear disabled people in Canada are being coerced by doctors into choosing to end their lives.

People on lower incomes who were offered the scheme were more likely to opt for it.

In leaked footage from a video call last year between BCCLA staff and a Canadian disabled patients' group, an employee at the campaigning group admitted "we are seeing MAiD being abused".

In one instance, they spoke of a patient who had been approved for assisted dying on the grounds of suffering from hearing loss.

Some medical colleges in Canada have been advising against referring to MAiD on patients' long-form death certificates, in a move which could distort the true numbers of people using it.

Canada's 'killing by doctor' regime has evolved and now bears no resemblance to the original plan. Many of the people who are killed are young and in good physical health. Canada has seen a massive rise in the number of people being deliberately killed by their

doctors, and euthanasia is rapidly becoming one of Canada's fastest growing causes of death. Many patients (and their relatives) have reported that they've been badgered to accept MAiD.

'Today, it seems that the concept of wanting treatment is coming, to some medical staff, to be seen as absurd – that you actually want treatment and not death,' said an anti-MAiD activist. 'You're now being seen as terrible for wanting to be treated. You're costing the system.'

Here are some case histories which might help you decide whether or not you approve of euthanasia:

Christine Gauthier, a former member of the Canadian military who injured her back in a 1989 training accident and who competed for Canada at the 2016 Rio de Janeiro Paralympics, needed a wheelchair ramp in her home. She'd been trying to get the ramp for five years. The caseworker who responded offered her a medical assisted death (the Canadian version of euthanasia is known as MAiD) and offered to provide the equipment. The Veterans Minister, Lawrence MacAulay later revealed that at least four other Canadian military veterans had been offered a medically assisted death. He added that a veterans' service agent had been suspended.

Kathrin Mentler, a 37-year-old counselling student went to the Vancouver General Hospital for help with her debilitating feelings of depression and hopelessness. The staff member she saw told that psychiatrists were in short supply. 'Have you considered MAiD?' she was asked. The clinician who made this bizarre and inappropriate offer said that overdosing at home could lead to brain damage whereas a state-administered MAiD death would be more comfortable. A Vancouver Coastal Health spokesman, Jeremy Deutsch, said that the hospital had followed protocols.

A 61-year-old woman called Donna Duncan suffered from depression after a concussion sustained in a car crash. She was offered, and accepted, death by doctor as an alternative to treatment. Mrs Duncan's daughters, Alicia and Christie later requested an investigation, saying that their mother should not have been offered death because of her mental health troubles. The police investigation concluded with no arrests.

Alan Nichols, a 61-year-old Canadian was killed by a lethal injection in 2019. His health problem was hearing loss. His brother later said that Mr Nichols was 'basically put to death'. No medical personnel contacted his relatives 'out of respect for patient confidentiality'.

An unnamed Canadian Forces veteran suffering from PTSD was told that he could opt for a medically assisted death. Family members said that the veteran felt betrayed and that the offer had derailed his recovery.

Roger Foley suffers from a degenerative brain disorder and was offered euthanasia so often that he began recording hospital staff. In one recording, a hospital ethicist told Foley that his care was costing the hospital 'north of \$1,500 a day' and asked if he had 'an interest in assisted dying'.

After 71-year-old Marilyn Leskun was admitted to Abbotsford Regional Hospital after a fall from her wheelchair, her husband stayed with her nearly 24 hours a day. They had been together for 50 years. He reported later that the medical staff 'pressured' and 'badgered' him to allow his wife to die and then suggested that he let her be euthanized. Mr Leskun said that over an eight day period, staff asked him five times to let them place a DNR designation on his wife. He objected strongly and a doctor then asked him to let staff euthanize his wife. The doctor said: 'You know, I have written orders for medically assisted dying.' Mr Leskun said 'No'. Eventually, worn out by what was happening, Mr Leskun finally said that he would agree to a DNR notice. The nurse replied: 'Oh, it's OK. The doctor has already put a DNR on.' The doctor had put the DNR notice on against Mr Leskun's wishes. Mrs Leskun died shortly afterwards. Mr Leskun said that he believed that MAiD is offered 'when the system figures that there is too much cost and effort. I believe that the system has a motivation

towards moving those kinds of people towards medically assisted dying.’ He went on to say that it seemed to him that MAiD was being promoted as a noble choice – ‘good for society, for everybody, for yourself, it’s the noblest thing you could do.’

Sheila Elson took her daughter to a hospital emergency room in Newfoundland. Unprompted, the doctor informed Mrs Elson that her 25-year-old daughter, who has cerebral palsy and spinal bifida, was a good candidate for euthanasia. When the offer was rejected, the doctor told her that not taking up the State’s kind offer to kill her daughter would be selfish.

Lisa Pauli had been anorexic for most of her life. Her psychiatrist assured her that when the laws in Canada are extended she will probably be eligible to be killed by a doctor – because she has an eating disorder.

A woman called Sophia who was living on disability payments and who had failed to obtain affordable housing ended her life under Canada’s assisted-suicide laws. ‘The Government sees me as expendable trash, a complainer, useless and a pain in the ass,’ she said after she and friends had pleaded without success for better living conditions. A second woman called Denise has also applied to end her life because she is struggling to survive on disability payments and cannot find suitable housing. Both women were unable to work and were receiving \$1,169 per month – well below the poverty line. When Canada’s ‘death by doctor scheme’ was introduced in 2016, fears were raised that vulnerable groups could be targeted. (I find it scarcely believable but the criteria for MAiD were revised after the country’s Supreme Court ruled that the previous law which excluded people with disabilities from the death by doctor scheme was unconstitutional. You can always rely on the lawyers and the judges to do the wrong thing, can’t you?)

I could go on. But you get the picture. Armed forces veterans and prisoners are not infrequently offered euthanasia.

The really alarming thing is that 73% of Canadians approve of the way ‘death by doctor’ is being managed. Just 16% of Canadians oppose it. The other 11% have no view and presumably don’t think the topic is worthy of their attention.

Just as worrying is the fact that 27% of Canadians believe that MAiD should be expanded to include people who aren’t ill but who are poor. And 28% of Canadians would offer ‘death by doctor’ to the homeless. Just 20% would offer MAiD to anyone for any reason. Over half of Canadians said that people who couldn’t receive the treatment they needed (for financial or other reasons) should be offered ‘death by doctor’.

If the new euthanasia bill is passed I have no doubt that children with autism, Asperger’s and ADHD will be quietly euthanized. Schoolchildren who are miserable will be quietly euthanized without their parents’ knowledge or consent.

Saving Money through Killing

There is no doubt that killing the long-term sick saves a lot of money.

A Canadian Armed Forces Veteran who was injured in Afghanistan has reported how at least six veterans in Canada have been offered euthanasia after asking for help. One asked for care and received a letter saying: ‘If it is too difficult for you to continue living, Madam, we can offer you medical assistance in dying’. One veteran called a crisis hotline and was offered ‘assisted suicide’ as a solution.

And this is already happening in the UK too. A 25-year-old veteran was in crisis and asked for help. A doctor (in the UK, remember) suggested assisted suicide. The police have been contacted. Check it out.

Is it possible that Starmer and Co want to set up Murder Incorporated to save money?

Supporters claim that the Death by Doctor Bill will save the NHS between £913,000 and £10,300,000 in the first six months.

Now that seems to me like saying that your weekly shop at the supermarket will cost between £50 and £500. The spread is so wide as to make me suspect that no one has the foggiest idea what the saving will be. And why is the bottom end of the estimate £913,000 and not £914,000? Or £912,000? Or £913,001.72? That's just silly.

The Government claims that by the time the system has been running for ten years, the savings could range from £5.84 million to £59.6 million.

That's also an absurdly wide range but with very specific figures at both ends of the spectrum. The Government clearly doesn't have any idea what killing people is going to cost, though if they cut out all the folderols and just hired a few hitmen they could probably rely on paying no more than £500 a body.

Typically for this Labour Government, the numbers don't add up at all because there will be extra costs associated with the introduction of euthanasia.

The Government reckons that training costs in the first six months could be over £11 million. (So the training costs will obviously be more like £111 million). And they say that the running costs of killing people could be over £10 million a year within a decade. (So the running costs will obviously be more like £100 million a year.)

And each doctor assisted murder will require six health care professionals working 32 hours. (If that's 32 hours each then that's a total of nearly 200 hours of doctor/nurse time that could be spent looking after quite a lot of live people instead of killing just one.)

Oh, and each murder will require a review panel consisting of a lawyer, a psychiatrist and a social worker. That'll cost another £2,000 a day, not counting cups of coffee and biscuits and administration.

At least they're being honest now.

But these figures really don't suggest that this foray into Murder Incorporated is going to produce much of a profit.

And the money, effort and time would clearly be better spent on providing decent palliative care for those who are dying. That would also be kinder, gentler and more in keeping with the tradition of healing. But I'd guess those aren't factors which weigh heavily with Starmer and company. Why cure people or just care for them when you can just kill them instead? What use are the poor, the disabled, the unemployed and the elderly?

The Government doesn't admit this but the biggest advantage of the official 'death by doctor' scheme will be the billions which will be saved by cutting the pensions and benefits bills.

Euthanasia is being promoted world-wide and although the process always begins with some caveats, it does not take long for doctor-assisted suicide to be freely recommended to the elderly, the mentally ill, the disabled, the poor and the unemployed. That's how the big money can be saved.

The Government is supporting euthanasia because the Bill is not just about killing people who are poor, unemployed or tired of waiting for an appointment with a GP but is, surprise, surprise, about saving money.

Scary, Secret Truths about Euthanasia

The Leadbeater Euthanasia Bill has always appeared to me to be part of the conspirators' global depopulation plan. (If Leadbeater were Welsh she would surely be known as 'Leadbeater the Death', a soubriquet which I commend to all and sundry.) Euthanasia, like

digital currencies and toxic, untested vaccines is being introduced globally.

The aim of the depopulation plan is to kill as many of us as possible – thus liberating millions of pounds which can be used to buy bombs and bullets for new wars and used to keep armies of uninvited visitors living in luxury in smart hotels. Worn out workers who have paid taxes for decades, and who helped build Britain, are considered an irrelevant nuisance; thrown on the scrapheap and abandoned.

All countries which currently have euthanasia bills (and please let's not stop pretending that this isn't euthanasia – it patently is just that) report that their programmes have followed the same pattern.

Here are some scary, secret truths that many of those supporting euthanasia may not know.

When patients are diagnosed with a serious illness the first thing that will happen is that they'll be invited to avoid all their problems, save the nation money and join the Waiting List for Death. (Of course there will be a waiting list for death. This is happening under the auspices of the National Health Service after all.) This is already happening with the DNR scheme. Doctors and nurses lie to patients and tell them that resuscitation is painful (because they may suffer a broken rib) and that it's better for them to die if they develop an infection. But which would you rather choose: a possible broken rib or death? But because patients in hospital are often scared and therefore, have difficulty thinking rationally, especially when under pressure to make quick decisions, many will choose not to be resuscitated.

Killing patients is part of the medical establishment's response to the global warming myth. Read my book 'The End of Medicine' if you want to know more.

The lack of decent pain relief means that some patients will choose euthanasia because they are frightened of being in pain. Evidence shows that patients in genuine need of pain relief do NOT become addicted as some doctors claim. Additionally, some doctors are refusing to prescribe painkillers because they have been wrongly told that global warming comes first and patients' needs come second. The argument is that doctors should stop prescribing because drugs are affecting global warming. This is patently dangerous, cultist nonsense but without painkillers more people will opt for the euthanasia option.

Supporters of Britain's new euthanasia Bill claim that they are promoting a suicide bill to enable patients to kill themselves. This is absurd. Patients at the end of their lives or seriously disabled in some way are unlikely to be able to kill themselves. Even patients who are physically strong will find it difficult to do. A doctor (or some substitute) will have to do the injecting. That is euthanasia. To pretend otherwise is nonsense. And the doctor doing the killing will have to stay with the patient he or she is killing. You can't just inject a lethal drug into a patient and then bugger off, intending to return later to collect the corpse. Supporters of the Bill won't tell you this but euthanasia can take days. Patients can wake up after being given a lethal dose. How is this going to work? How many doctor/killers will be happy to sit by a bed for days at a time, waiting for their cocktail of drugs to work? Who is going to pay for the doctors who will be needed? Doctors are expensive so how many technicians will be recruited to do the killing? (I fear that there will be no difficulty in recruiting psychopathic technicians who will enjoy killing people. I doubt if many doctors will want to be associated with Leadbeater's euthanasia programme. Indeed, what sort of doctors would agree to be involved in killing their 'patients'?)

Unless the Government introduces a speciality in euthanasia there will no requirement for the doctor doing the killing to have any expertise. How much are doctors going to be paid to kill people they don't know? How many doctors will do the killing just for the money? Will the doctors need therapy afterwards? Or will the NHS just hire psychopaths to do the killing?

I'm told that the doctors appointed to do the killing will be allowed to choose a second doctor; an assistant to ensure that everything is done properly. But if the second doctor disagrees with what is going on then will the first doctor be free to sack the appointed

‘assistant’ and choose someone else?

As far as I know, there will be no requirement for the doctor paid to do the killing to talk to the victim’s GP or consultant. More amazingly, I believe that there is no requirement for the killer doctor to talk to, or even inform, the victim’s family or partners. Relatives will only find out afterwards that their loved one has been killed by the State. ‘My son didn’t come home from school today.’ ‘Oh, no he won’t be coming home. He signed up for the school’s euthanasia programme and so the school caretaker killed him after the geography lesson. He was quite upset because Elspeth Windjammer wouldn’t go out with him and he got a B- for his Media Studies exam paper. You can pick up his body in the school morgue.’ ‘Why didn’t someone tell me?’ ‘Oh, the official confidentiality rules mean we can’t tell parents when their children choose to take the euthanasia route.’

If you really think that euthanasia (as offered in your Bill) is only going to be offered to Terminally Ill Adults then you are extraordinarily naïve. Read the evidence in Dr Jack King’s book ‘They want to kill us’. Look at what always happens when euthanasia legislation is introduced.

Thousands will die because they feel they are a ‘burden’ – but without having had a chance to talk to their loved ones.

Will there be a formal consent form to be signed? If so, what will the form say? Will there be a formal complaints procedure for when things go badly wrong (which they will)? Somehow I doubt it. The State won’t want the disasters publicised. Besides, who is going to complain? Will there be any need for the killing doctor to keep a written record of what happens during the euthanasia procedure? I rather doubt it. No one is going to want to hear all the gory details of State sponsored murder.

And the bottom line is that the demand for euthanasia will increase as medical care becomes worse and waiting lists get longer – both things which are happening very rapidly. Millions of patients in the UK will die before they receive the treatment they need. Is this being done deliberately to push them into choosing euthanasia?

Killing as a Cure for Fear

Millions of people are already consumed by fear and feel hopeless about the future. Is just killing them the right solution? Maybe we should remove the problem at source by offering euthanasia exclusively to conspirators, politicians and mainstream propagandists. If we got rid of all the idiots who believe in (and promote) global warming, the happiness quotient would rise dramatically.

A Crude Depopulation Bill

Britain’s euthanasia Bill must be stopped. It is a blatantly crude depopulation Bill designed to satisfy the insane conspirators who believe that there are too many people alive – and that the global population must be cut down to 500 million. I can promise you one thing: if you don’t help stop this evil bill you will regret your inaction. As they drag you, or a loved one, into one of the Leadbeater Death Rooms your last words will be: ‘I should have spoken up when I had the chance.’

Doctor Assisted Suicide Will Not Be Painless

The idea of patients dying in agony is grossly exaggerated for the purpose of promoting death by doctor. No one need ever be in intractable pain. Pain control is (or should be) available and can free patients and often give them more life than they knew they had, or that the Bill will allow them. Patients are only in unbearable pain if their pain control isn't being managed properly. As I mentioned earlier, the fear that painkillers will cause addiction is a nonsense for it has been shown that patients in genuine pain do not become addicted. The real problem today is that a clique of cultists within the medical establishment, who mistakenly believe that prescribing drugs contributes to global warming, have encouraged doctors to cut back on their prescribing.

And, of course, the Labour Government is deliberately and cold bloodedly destroying palliative care. Hospices are closing because changes mean that they cannot afford to stay open. Hospices are closing because of Government policies and tax rules. Without hospices, patients are left with nowhere to go – except to opt for euthanasia. That's the plan. Close the hospices and push the sick, the depressed and the elderly into one of the State's Death Rooms. Palliative care is already difficult to find and thanks to the Labour government, it is going to be even harder to find. Governments are withdrawing aid. The result, as the Government knows, will be a greater demand for euthanasia.

Anyone who really thinks that euthanasia is painless needs to do a little research. It's neither. Check out the problems prisons have with execution in America. (Talking of execution, remember too that we do not have State killing in the UK because of the mistakes that are so often made. Two names: Bentley and Hanratty. How many mistakes will be made in the name of euthanasia?)

It is a convenient myth (convenient for the proponents of euthanasia) that euthanasia (in its various forms and incarnations) is painless and dignified.

There is absolutely no evidence to show that it is either.

But there is plenty of evidence to show that it is neither.

Euthanasia does not provide the painless, peaceful death which its advocates claim it to be. There is no perfect way for the government to kill people. As Samuel Beckett said: 'Even death is unreliable'.

Here are 25 things everyone should know:

A study in the journal 'Anesthesia' reported that there were no standardised methods for euthanasia and so, as a result, there are frequent cases of prolonged and distressing deaths. There appears to be a high incidence of vomiting, re-awakening from coma and prolongation of the dying process (with some individuals taking up to seven days to die.)

In America, doctors cannot access drugs to use in cases of the death penalty because of cost and availability. International drug companies are unwilling to provide drugs intended to kill people on ethical grounds. (It is unusual to see drug companies citing 'ethical grounds' as a reason not to do something. I suspect that the real reason is that the drug companies are worried more about legal and reputational issues.)

Dr Bryan Betty, medical director of the Royal New Zealand College of GPs has warned that mixing concoctions of drugs has led to traumatic deaths.

There is considerable confusion about what to do if an initial attempt at euthanasia fails. Should the patient be told that they have to give their consent a second time? Or a third time? What should be done if a patient is semi-conscious and has not died? Should they then be kept alive? Or should another attempt be made to kill them?

A study performed in the Netherlands showed that in 21 of 114 cases, the patient did not

die as soon as expected or woke up and the doctor had to kill them for a second time.

What happens if the doctor or nurse who is performing the euthanasia has left the building – which is likely to happen if a death takes a number of days?

What happens if a doctor or nurse cannot put an IV line into a vein? (This is something which often happens with elderly patients whose veins may be frail or damaged.)

The same drugs which are used for killing prisoners on death row are sometimes used to kill patients who have consented to euthanasia. But there is evidence that the killing of prisoners does not always go smoothly and can take longer than might be expected. (Lethal injections were introduced as more humane than the gas chamber or the electric chair. There is no evidence that they are.)

One of the drugs used in the authorised killing of patients is propofol which can sting as it flows through a vein when given in normal doses. No one knows what effect it has when given in large doses in euthanasia.

Dr Joel Zivot, an anaesthesiologist and critical care doctor, has suggested that death by euthanasia could feel like drowning. If paralysing drugs are used, the patient appears calm, peaceful and quiet – but that doesn't tell us what the patient is experiencing.

When killing drugs are given orally, the death can take up to ten hours. If a doctor or nurse is not available with an IV kit ready, the distress to patients and relatives can be considerable.

People being killed by drugs may make gasping noises. 'We don't think they are signs of distress,' said Dr James Downar, a specialist in palliative and critical care. Note the word 'think'.

Monitors are not used when a patient is being killed. This means that there is no evidence about what is happening, and death can only be certified by a doctor or nurse feeling for a pulse. No attempts are made to monitor brain or cardiac response.

Autopsies of executed American prisoners show the accumulation of fluid in the lungs. This is very distressing, for the patient is effectively drowning in their own secretions.

Experts fear that patients being killed may suffer intolerable, unbearable physical or psychological pain.

In Belgium, the relatives of a 36-year-old woman heard screams when she was supposedly being euthanized. A post mortem showed that the woman had been suffocated with a pillow after the drugs failed to kill her.

An elderly, demented woman in Belgium was euthanized after her family decided that she should be killed. Since it was claimed that the woman didn't understand what was happening, the doctor laced her coffee with her sedatives – while she was chatting with her family. The doctor then gave another sedative by injection. The woman then stood up. Family members held her down while the doctor injected her and killed her. In court later the judges declared that 'given the deeply demented condition of the patient, the doctor did not need to verify her wish for euthanasia.' (I find it difficult to understand how this death could be described as euthanasia.)

A gunshot would be quicker and probably more painless than drugs. Why don't advocates of euthanasia endorse the idea that doctors should simply shoot patients? Patients could, like Nurse Edith Cavell, be put on a chair and shot in a scruffy courtyard. It would be faster and more certain than any other way of killing. A firing squad could be made up of doctors and nurses – with special fees for the occasion, of course.

In more than half of the cases where individuals in Oregon, USA were subjected to euthanasia, there is no record of whether or not there were any complications.

Complications which have been recorded during euthanasia include: difficulty in finding a vein, spasms, twitching, nausea, vomiting, tachycardia, sweating, gasping. One instance of euthanasia failed because the doctor had ordered the wrong drug. Another attempt was delayed when the doctor had to leave to fetch a second batch of lethal drugs.

Taking lethal drugs by mouth can be traumatic. It is not unusual for patients to take many hours to die. One patient took 104 hours to die. One patient became unconscious 25 minutes after swallowing lethal medication but woke up and regained consciousness 65 hours later.

One report showed that lethal injections caused severe pain and severe respiratory distress with associated sensations of drowning, asphyxiation, panic and terror in the overwhelming majority of cases. Dr Gail Van Norman has said that 'It is a virtual medical certainty that most, if not all, prisoners will experience excruciating suffering, including sensations of drowning and suffocation from pentobarbital.'

A study of more than 200 autopsy reports after executions in nine American States showed evidence of pulmonary oedema in the lungs (likely to cause a feeling of drowning or suffocation)

Midazolam used in executions has caused signs of pain – including gasping, choking and coughing, with patients heaving against their restraints.

Evidence shows that some people who choose assisted suicide vomit their lethal dose of drugs before it can be absorbed.

The Role of Social Workers

The official plan to employ a panel of social workers, psychiatrists and retired judges to decide whether or not an applicant is suitable for 'death by doctor' is one of the most frightening ideas I've ever heard. What do social workers, psychiatrists or judges know?

Having a Terminal Illness Doesn't Mean You Will Die

Proponents of the euthanasia bill claim it will be offered to those suffering from a 'terminal' illness. When I was a GP I had two patients who were diagnosed as having terminal cancer. Both lived for more than a decade after they had been abandoned by hospitals. (Both had strong reasons for staying alive.) Older GPs, who, like me, practised in a different time, could tell you similar stories.

There is much talk these days about 'terminal' illness. The words are used as though there comes a point when there is no hope and nothing can be done. But that isn't true. When doctors use the words 'You're going to die' what they really mean is 'We don't know what else to do. We have no treatment left that we can use'.

And when doctors say that a patient has three months, six months or twelve months to live they are merely guessing and although their guess may sometimes be based on past experience, it is as likely to be wrong as right.

Moreover, remember that doctors (particularly the ones in white coats) can have a negative placebo effect. If a doctor gives a patient a sugar pill and says, with enthusiasm that the pill will cure them, then there is a good chance that the patient will recover. If a doctor says to a patient 'You're going to die' then the very words will have an impact. There isn't much difference between a doctor in a white coat and a voodoo witch doctor dressed in feathers.

Read about Lance Armstrong who won the Tour de France after being told that his body was riddled with cancer secondaries – including in his brain, lungs and abdomen.

Conclusion

It is no coincidence that medical care is being dramatically reduced at the same time as euthanasia is being promoted. So, for example, asthma patients are being told that the treatment they've used for years must be changed because it affects global warming. The incidence of sepsis is soaring as doctors refuse to prescribe antibiotics because, once again, they have been convinced that antibiotics will make global warming worse. Doctors have been told to stop investigating, diagnosing and treating illness because they must put the myth of global warming above the interests of real patients. Why doctors believe this dangerous nonsense is a mystery but it is happening; doctors are as compliant as those who accept vaccines which they should know are useless and toxic.

Constant strikes by doctors mean that health care is constantly deteriorating. Doctors, who have been given two huge inflation busting pay rises in the last twelve months, are threatening to strike again, and probably bring the NHS to a standstill next winter, even though the evidence shows that they are better off now than before, and do far, far less work than their predecessors. Doctors' strikes probably won't result in many deaths because when doctors go on strike the death rate always goes down (there's a thought on which to ponder) but the strikes will result in a massive amount of pain and anxiety and a big queue for the killing rooms which the enthusiasts of euthanasia want to introduce. Children with ear infections and broken arms will be left to scream untreated. Doctors who are prepared to do this for extra cash are unfit for the medical profession. They should be struck off and allowed to find better employment doing something else for a living.

Those MPs who vote for Britain's euthanasia Bill will forever be associated with the legalised murder of the disabled and the weak. The Bill has nothing to do with compassion and whatever you may think there will be no enduring safeguards.

Despite all the confusion and the alarming evidence from other countries, there has been little or no genuine public debate about euthanasia. For many months I have been vocal about the perils of euthanasia. No one has invited me to debate the issue. And no one has invited Dr Jack King to join the debate although his book 'They want to kill us' is the world's Number 1 bestselling book on the subject. Dr King sent out hundreds of review copies of his book. There were no reviews and no interviews.

The Bill introduced into the British Parliament has nothing whatsoever to do with easing the lives of people in too much pain. I believe it is, rather, part of the global depopulation plan which is so dear to some of the so-called elite. The Bill is nothing more than practical eugenics with the bonus that it will save money for the State. Remember too that the vast majority of those who try to kill themselves but fail go on to rue their mistake and to have enormously satisfying lives.

As the years go by, the Bill will be extended more and more. History will see the advocates for this Bill as midwives for legalised murder; personally responsible for the deaths of thousands who had much to offer. Within five years at most, the Bill will be extended and children, the disabled, the poor, the jobless and the depressed will be killed. Euthanasia programmes always start with limits. But the limits never last.

The Nazis ran a euthanasia programme for a while. After a short period Hitler abandoned it because he considered it morally indefensible.

Note 1: If you want more information about what is happening in other countries please read Dr Jack King's book 'They Want To Kill Us'. The book is available on Amazon.

My sincere thanks to Dr King for his help in writing this short book, and for allowing me to quote from his text.

Note 2: Please send this small book to your MP. You can find your MP's email address on www.vernoncoleman.com.

The Author

Dr Vernon Coleman has written over 100 books which have been translated into 26 languages and sold around the world. His books have sold over 3 million copies in the UK alone. Dr Coleman was the first agony uncle on television and was the TV AM doctor. He has made many television and radio series (mostly based on his books) and has contributed over 5,000 columns and articles for dozens of national newspapers. Dr Coleman's 'Old Man in a Chair' series of over 300 videos have been viewed millions of times around the world. His novel 'Mrs Caldicot's Cabbage War' was turned into a popular, award-winning movie. He edited two medical journals (the British Clinical Journal and the European Journal of Medicine) and has lectured doctors and nurses at medical schools. He has written papers and articles for many medical journals including: the British Medical Journal, Nursing times, Nursing Mirror, Journal of Medical Ethics, Lancet, New Physician, Pulse, Doctor, General Practitioner, Cardiology, Nursing, Journal of Alternative Medicine, World Medicine, Journal of the Royal Society of Medicine, Geriatric Medicine, American Journal of Nursing, Hospital Life, Hospital Times and Medical News. In the early 1980s he co-wrote the first medical software for general use. Because he has told the truth about doctors, drug companies, the covid hoax and the toxic and useless covid vaccine, Dr Vernon Coleman is banned by all mainstream media, by YouTube and by all social media. Many of his books have been banned though no one has ever found any errors in the books that were banned. He is widely libelled in the mainstream media and on the internet. His books are available via the bookshop on www.vernoncoleman.com